

Performance Measures Definitions by Program

■ Medical Care

Addiction Severity Index (ASI) – The ASI is a tool used for functional assessment of abusive and dependent populations that provides a measure of the case mix of the disease specific populations and also a rich clinical picture of the individual for treatment planning.

Average days of outstanding receivables for third party – The average number of days from date billed to date of payment. Although there is an industry standard that measures the average days of outstanding receivables, the industry standard measures the number of days from date of care to payment receipt.

Average number of customer service standard access problems reported per network patient – The number of Customer Service Standard (CSS) Access problems reported per network patient on the 1997 ambulatory care customer feedback survey divided by the number of CSS Access questions answered per patient surveyed.

Average number of customer service standard problems reported per network patient – The average number of Customer Service Standard (CSS) problems reported per network patient on the 1997 customer feedback survey divided by the number of CSS questions answered per patient surveyed.

Chronic Disease Index (CDI) – The index consists of 14 medical interventions that assess how well VA follows nationally recognized guidelines for five high volume diagnoses: ischemic heart disease, hypertension, chronic obstructive pulmonary disease, diabetes mellitus, and obesity.

Hospital occupancy rate – The Average Daily Census divided by the number of operating beds. Average Daily Census is the average number of inpatients receiving care each day during the reporting period.

Number of bed days of care per 1,000 unique patients – The fiscal year bed days of care generated by VA patients treated in designated acute care, inpatient treating specialties at VA or non-VA contract hospitals, divided by the

unique patient count.

Number of unique patients – Total number of patients, i.e., the count of unduplicated social security numbers, using health care services provided by or funded by VA.

Percent of appropriate surgical and invasive diagnostic procedures performed on ambulatory basis – The percent of appropriate surgical and invasive diagnostic procedures performed by qualified providers in a surgical suite or specialized area with procedural and immediate post-procedural care on the same day (23 hours or less) without hospitalization.

Percent of employees knowing VHA mission – Measures the percent of VHA employees who, when queried, indicated they knew that the mission of the “new VHA” is to improve the health of the served veteran population by providing primary care, specialty care, extended care, and related social support services through an integrated health care delivery system.

Percent of inpatients/outpatients reporting their care as very good or excellent –

Measure reflects results of VHA care and service provided to veterans based on their experiences during their most recent hospitalization or visit. A standardized questionnaire and consistent methodology nationwide are used, thereby permitting the analysis of trends over time within VHA and comparisons between VHA and private-sector benchmarks obtained using the same methodology.

Percent of inpatients receiving care in accordance with externally set standards (EPRP) – Measure reflects the degree to which VA provides acceptable inpatient care as defined by an external peer review for selected diagnoses and procedures in an effort to ensure acceptable patient outcomes as VA increases its efficiency in acute care bed utilization.

Percent of networks implementing twelve or more clinical practice guidelines – Each VISN will implement twelve nationally developed network-wide clinical practice guidelines, two of which will be for Special Emphasis populations.

Percent of patients with terminal diagnoses who have end of life care plans – The percent of patients with terminal diagnoses or conditions in the final stages of illness who are receiving ongoing care through VA, who have documentation of an individualized plan for comprehensive, coordinated, end of life care services that minimizes physical and psychological suffering and optimizes the patient's quality of life.

Percent of patients who know there is one provider or team in charge of their care – The percent of all ambulatory care patients who answer favorably to having one person or team in charge of their care. This measure reflects the extent to which VA uses primary care, which is the provision of integrated accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing sustained partnerships with patients, and practicing in the context of family and community.

Percent of spinal cord injury respondents to the National Customer Feedback Center who rate their care as very

good or excellent – Percent of spinal cord injury/dysfunctional (SCI/D) patients who report their VA care as very good or excellent.

Percent of sufficient C&P exams – Percent of Compensation and Pension (C&P) exams performed that meet the procedural guidelines contained in the Physician's Guide and are designated sufficient by VBA for claims processing.

Prevention Index (PI) – The index consists of nine medical interventions that measure how well VA follows nationally recognized primary prevention and early detection recommendations for eight diseases with major social consequences. The eight diseases are: influenza and pneumococcal diseases; tobacco consumption; alcohol abuse; and cancer of the breast, cervix, colon, and prostate.

Ratio of cost to collections – The total operating cost of the Medical Care Cost Recovery (MCCR) program, which includes software enhancement, training initiatives, equipment, contracts, and personal services, divided by total recovery amounts

deposited into the U.S. Treasury.

Total operating beds – Number of beds approved for current use in a bed section for the reporting period that are required to support the planned patient load and are available for the 24-hour daily care of bed occupants.

Total recoveries per total FTE – Measures the effective use of labor in the total medical care cost recovery process. This is the dollar value of recoveries per FTE.

Total recovery increase or decrease over prior year – Measures the percent increase or decrease in medical care cost recoveries from one year to the next.

■ Medical Research

Number of collaborative agreements – Number of VA research projects funded in whole or in part by non-VA sources. These sources include other government sources (the National Institutes of Health, Department of Defense, etc.), nonprofit foundations (American Heart Association, American Cancer Society,

etc.), and private industry (Abbot, Genentec, Johnson & Johnson, etc.).

Number of cooperative studies – Number of clinical trials supported by the Cooperative Studies Program. These studies involve clinical protocols performed at several different medical centers, some in VA and some outside the VA system.

Number of investigators – Number of investigators taking principal responsibility for a VA research project. A VA research project is one that has local Research and Development Committee approval and the medical center director's approval.

Number of publications or special events produced or arranged by Research Communications Service – Number of publications (press releases, articles in Veterans Service Organizations' (VSO) journals, and articles in the "popular" press) and special events (displays or educational booths at national meetings of professional organizations and VSO national meetings) produced or arranged by the Research Communications Service.

Number of publications by VA investigators – Number of publications in the previous year that have VA investigators listed as authors. Medline and other listings of medical publications are queried against a list of VA investigators quarterly and the number of matches counted.

Number of VA-funded studies involving VA patients or VA databases – Number of individual research projects obtaining human consent or an exemption from human consent. Studies with human consent involve clinical research where there is an intervention of some kind made to a human being—blood drawn, surgical procedure, therapy or medication change, psychological testing, etc. Studies exempted from human consent involve retrospective studies of patient charts, where the data is aggregated with no patient identifiers.

Percent of funds coming from extra-mural sources – The percent of total funds that the Research program receives from extra-mural sources. Extra-mural sources include both federal and non-federal entities, e.g., the Department

of Defense, the National Institutes of Health, the Juvenile Diabetes Foundation, and other non-profit and private sources.

Percent increase from 1996 network-level total VA and non-VA peer reviewed research funding – VA investigators are at least five-eighths VA employees or those otherwise deemed eligible to receive VA research funding. VA research in this context is VA funded research. Peer reviewed non-VA research is research funded by an extra-VA source that has based its funding on scientific peer review. Examples would include grants from the National Cancer Institute, the American Heart Association, State of California Tobacco Research etc. The FY 1996 network-level is more correctly a three year average of the total network-levels for FY 1996, FY 1995, and FY 1994.

Percent of projects receiving total or partial funding from extra-VA sources – Percent of projects receiving total or partial funding from extra-mural sources.

Percent of proposals in Designated Research Areas

(DRA) – Percentage of the total number of research projects (proposals) whose subject matter places them in one or more of our Designated Research Areas (DRA). While all of VA Research and Development is relevant to veterans and their health, Research and Development has designated certain areas of research as being particularly important to study for the benefit of the veteran. The DRAs are Aging, Chronic Disease, Mental Illness, Substance Abuse, Sensory Loss, Trauma Related Impairment, Health Systems, Special Populations, and Military Occupational and Environmental Exposures.

Total number of new projects funded – Total number of new projects that the Research program began through the end of the fiscal year.

Total number of projects funded – Total number of projects funded by the Research Program through the end of the fiscal year. The goals of the three primary subject areas of the Research Program—Medical Research, Health Services Research, and Rehabilitation Research—are accomplished using the

strategies of investigator-initiated projects, Career Development appointments, centers of excellence, and cooperative studies. Each of these activities is a “project,” independent of the cost, which varies from under \$100,000 for investigator-initiated projects to multi-million dollar cooperative study projects.

■ Medical Education

Percent of medical care residents trained in primary care – Measures the percent of medical care residents who are trained in primary care which demonstrates how VA’s mission for education supports its goal of patient care.

■ Compensation and Pension

Average number of days to complete claims – Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision.

Claims processed (accomplished workload) – Number of original and reopened compensation and pension claims

completed.

Veterans appeals remand rate

– Percentage of appeal cases that the Board of Veterans' Appeals returns to regional offices for development before making a final decision.

■ **Vocational Rehabilitation and Counseling**

Average days to decide claim for vocational rehabilitation benefits

– Average time, measured from the time the application, with a positive determination of basic eligibility, arrives in the vocational rehabilitation and counseling division to the time the veteran is given the decision on entitlement to the program.

Average days to obtain suitable employment – The time a veteran remains in employment services status. Because this includes an extra time factor of 60 days on the job to assure that the employment is stable, 60 days is subtracted from the reported time. The measure then reflects only the amount of time required to obtain suitable employment.

Percent not participating in

or completing an evaluation – Percentage of veterans filing a claim for vocational rehabilitation services and meeting basic eligibility criteria who do not complete the portion of the initial evaluation which advises them of the decision of entitlement.

Rehabilitation effectiveness rate

– Percentage of veterans who complete their vocational rehabilitation programs and meet accepted criteria for success.

Total number of veterans rehabilitated

– Number of veterans who complete a rehabilitation program and acquire suitable employment.

■ **Education**

Average days to complete education claims – Elapsed time, in days, from receipt of a claim in the regional office to closure of the case by issuing a decision.

Education trainees – Number of eligible participants enrolled in a program of education or training who are receiving benefits.

Montgomery GI Bill usage rate – Percentage of eligible

veterans who have ever used their earned benefit.

Payment accuracy rate

– Percentage of cases with no payment errors based on a statistically valid random sample.

Service accuracy rate

– Percentage of cases with acceptable service based on a statistically valid random sample. A service error is one that does not involve payment accuracy.

■ **Loan Guaranty**

Cost per loan guaranty issued

– Administrative unit cost for each guaranty issued, including direct labor, indirect labor, and non-payroll costs.

Early default index

– Percentage of loans for a cohort year that go into default within six months of loan closing.

Foreclosure Avoidance Through Servicing (FATS) ratio

– Weighted percentage of veterans with loans in default who were assisted by VA in avoiding foreclosure. Weights are assigned to alternatives to foreclosure based on expected benefit and rela-

tive effort by VA.

Lender satisfaction – Percentage of lenders who are satisfied with their overall interaction with VA based on lenders' responses to the annual VA lender survey.

Loan guaranties issued – Number of loans closed for which VA issues a guaranty.

Property inventory level – Number of properties acquired by VA because of foreclosure but not yet sold.

Veteran loan processing satisfaction – Percentage of veterans who say their loan took no longer to process than expected due to VA delay.

Veteran satisfaction with VA Loan Guaranty – Percentage of veterans who are satisfied with their contact with VA based on an annual customer satisfaction survey.

■ Insurance

Average days to pay insurance disbursements – Weighted composite average processing days for all disbursements which include death claims and applications for policy loans and cash sur-

renders. The composite uses the end product volumes in combination with the corresponding statistical quality control average processing days data for each end product.

Average hold time – Average length of time in seconds that a caller waits before being connected to an agent.

Average processing days for Office of Servicemen's Group Life Insurance (OSGLI) key services – Average composite timeliness for death claims, applications, medical underwriting, and reinstatements for insurance actions taken by OSGLI. Data are provided by OSGLI.

Blocked call rate – Number of individual callers who receive a busy signal when dialing the Insurance toll-free service, divided by the number of attempts.

Cost per death claim processed – Average cost of processing a death claim, including appropriate support costs.

Insurance award actions – Number of death claims completed.

Office of Servicemen's Group Life Insurance (OSGLI) key

services composite accuracy rate – Composite rate of OSGLI death claims, applications, medical underwriting, and reinstatements processed within accuracy standards. Data are provided by OSGLI.

Percent of high ratings received from customers – Percentage of insurance customers who rate different aspects of insurance services in the highest two categories based on a 5-point scale, based on the insurance customer survey.

Percent of insurance disbursements paid accurately – Weighted composite accuracy rate for death claims, policy loans, and cash surrenders for policies administered by VA.

Percent of low ratings received from customers – Percentage of insurance customers who rate different aspects of insurance services in the lowest two categories based on a 5-point scale, based on the insurance customer survey.

Total maintenance cost per policy – Average cost of maintaining a policy, including all related support costs, but excluding all costs associated with processing death claims.

Burial

Cumulative number of kiosks installed in national cemeteries

– Total number of national cemeteries providing automated gravesite locator information through a kiosk. These kiosks also provide information regarding NCS services such as eligibility requirements, headstone and marker ordering information, customer service standards, and floral regulations.

Developed acres maintained – Number of cemetery acres that have been cleared, graded, and laid out for interments, as well as other areas that are no longer in a natural state and thus require regular maintenance.

Headstone/marker applications processed – Number of applications processed for government-furnished headstones and markers, including duplicate applications and canceled orders. Processing includes determining eligibility and verifying data accuracy.

Interments performed:

Full casket – Type of interment in which the remains of the deceased have been prepared for burial and

placed within a casket.

In-ground cremain – Type of interment in which the cremated remains of the deceased are buried.

Columbaria niche – Type of interment in which the cremated remains of the deceased are sealed in a small compartment within a columbarium..

Occupied graves maintained

– Number of in-ground gravesites (casket and cremain) and number of columbaria niches that must be maintained to ensure the cemeteries reflect the character of the national shrines that they are.

Percent of headstones/markers that are undamaged and correctly inscribed – This percentage represents the number of headstones and markers that are undamaged and correctly inscribed divided by the number of headstones and markers ordered.

Percent of survey respondents who rate cemetery appearance as excellent – NCS has begun periodically performing surveys of the families of individuals who are interred in national cemeteries and of other visitors, to judge how

the public perceives the appearance of the cemeteries.

Percent of survey respondents who rate the quality of service provided by the national cemeteries as excellent

– NCS has begun periodically performing surveys of the families of individuals who are interred in national cemeteries and of other visitors, to judge how the public perceives the services provided.

Percent of veteran population served by the existence of a burial option within a reasonable distance of place of residence

– Burial option includes national cemeteries or state veterans' cemeteries with space for first interments, whether full-casket or cremain or both, either in-ground or in columbaria. Reasonable distance means, in most cases, 75 miles; however, for certain sites where historical data exist to demonstrate substantial usage from a greater distance, reasonable distance is defined as that greater distance.

Requests for interment taken on weekends

– National cemetery offices are closed on weekends; however, requests for interment can be made on weekends by contacting a designated hub cemetery. One

hub cemetery is located in each of NCS's three geographic, administrative areas.

Requests for interment taken on weekends that result in final arrangements in the ensuing week – Percentage of burial requests received on weekends that are accommodated by scheduling the interment for a specific time during the ensuing week.

■ Board of Veterans' Appeals

Appeals decided per FTE – A basic measure of efficiency determined by dividing the number of appeals decided by the total Board of Veterans' Appeals (BVA) FTE.

BVA response time – A future-oriented timeliness indicator that, based upon BVA's appellate processing rate of the immediately preceding one year time frame, projects the time it will take BVA to decide a new appeal added to its docket.

Cost per appeals case – A unit decision cost derived by dividing BVA's total obligational authority by the number of decisions produced.

Total appellate processing time – A customer-oriented timeliness indicator that measures elapsed processing time, beginning with the filing of an appeal with VA and ending with a final BVA decision on that appeal.

■ Departmental Management

Number of contract disputes electing ADR – Number of contract dispute matters electing the use of Alternate Dispute Resolution (ADR) techniques to resolve disputes. ADR techniques refer generally to several formal and informal processes for resolving disputes that do not entail bringing the dispute to closure in a courtroom litigation.